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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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NOV 18 2019 M. SOLOMON CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 052372 _ 756745

AUTHORIZATION : Spelle man

COST LIMIT : \$ 125.700

ORDER DATE: November 15, 2019

ORDER TIME : 1:26 PM

ORDER NO. : 052372-005

CUSTOMER NO: 7567450

FOREIGN FILINGS

NAME: AMZAK CARWASHES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

COVER LETTER

SUBJECT: _	Amzak Carwashes, LLC			
	Name	of Limited Liability	Company	
			ation to Transact Business in Florida," Certificate of ited liability company to transact business in Florida.	
Please return a	Il correspondence concerning this matter to t	the following:		
	Michael David Kazma			
		Name of Person		
	Amzak Capital Management, LLC			
-	Firm/Company			
	980 North Federal Highway			
	· · · · · · · · · · · · · · · · · · ·	Address		
	Boca Raton, Florida 33432			
	City	y/State and Zip Cod	•	
	mikek@amzak.com			
	E-mail address: (to be u	ised for future annua	report notification)	
or further info	rmation concerning this matter, please call:			
Beatr	z Beltranena	954 at (3234459	
	Name of Contact Person	Area Code	Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Tallah				

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flori	da. The alternate name must include "Limited Liability	y Company," "L.L.C," or "LLC.")
Delaware		84-3450916 3.	
(lurisdiction under the law of which foreign limited hability company is organized)		(FEI number, if applicable)	
	••		
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	egistration.) e penalty fiability)	
980 North Federal Highway, Ste.315		980 North Federal Highway	
(Street Address of I	Principal Office)	6(Mailing Address)
Boca Raton, Fl.3343	2	Boca Raton, Fl.33432	<u> </u>
	-		20 H
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	15 AON
			** = *
Manage	Corporation Service Company		25 89 70 70 70 70 70 70 70 70 70 70 70 70 70 70
Name:		.	(1) In (1
Office Address:	1201 Hays Street		0.
	Tallahassee	32301	
	Tallallassee	. Florida	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am fumiliar with and accept the obligations of my position as registered agent.

Corporation Service Company

(Registered agent's signature)

Tanya Wilkins
Assistant Vice President

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Michael David Kazma Manager Name: Manager 🔲 Manager Name: _____ 980 North Federal Highway, Member Address: Ste.315, Boca Raton, Fl.33432 Authorized Authorized Person Person Other Other_ Other_ 2919 Manager Manager Name: ___ Member Member Address: Address: ___ -Authorized Authorized Person Person Other____ Other Other Other_ Name: Manager Manager Name: _____ Manager Address: ____ Member Member Address: Authorized Authoriz**e**d Person Person Other_____ Other_ Other Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person Michael David Kazma

Typed or printed name of signee

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AMZAK CARWASHES, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE FIFTEENTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMZAK CARWASHES, LLC" WAS FORMED ON THE TENTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 204013430

Date: 11-15-19